Military and Civilian Injury Reporting Requirements

- The Big Picture
- Safety's Most Important Job
- OSHA 300 Log
- It Starts With You
- On-Duty or Off-Duty
- First Aid or Medical Treatment
- Accident Classification & Reporting
- AGAR Form
- Reporting Requirements in Review
- Workers' Compensation

Installation Safety Office

http://www.lee.army.mil/safety/safety.office.aspx

Lee.Safety.s1.reporting@us.army.mil

THE BIG PICTURE

Accident Prevention

Army Regulation 385–10

Safety

The Army Safety Program

Department of the Army Pamphlet 385–40

Safety

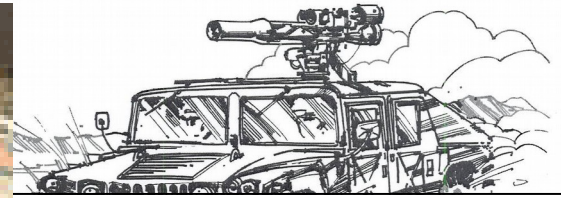
Army Accident Investigations and Reporting

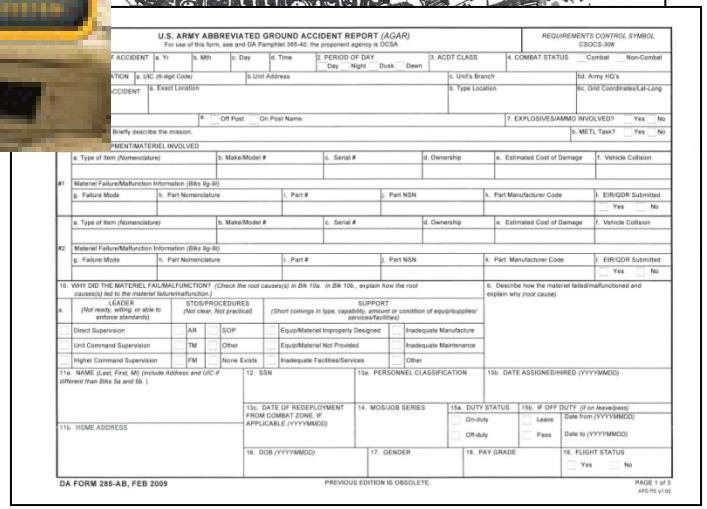
AGAR

Abbreviated Ground Accident Report

Use and Preparation Guide

APRIL 2009

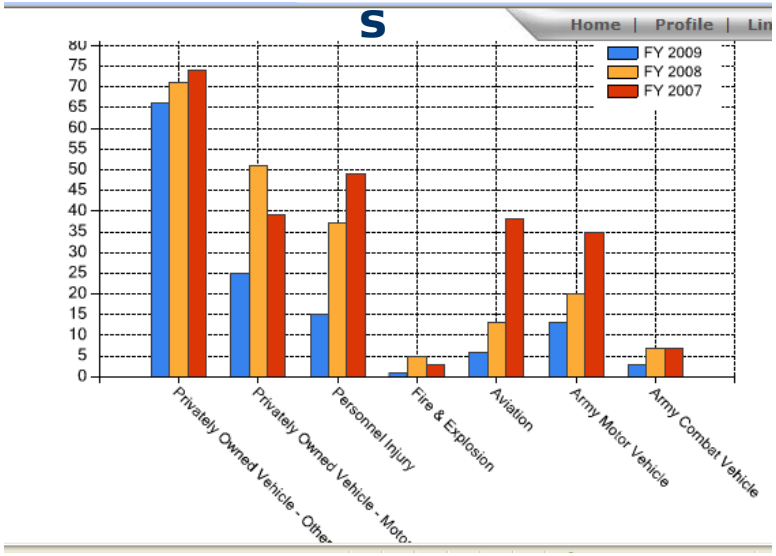




Combat Readiness/Safety Center
https://safety.army.mil/

Trend Analysis

Trend



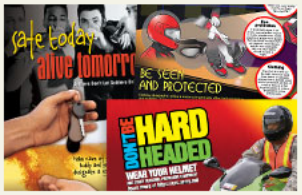
Contributing Factors

Hazard
Excessive Speed
Failed To Stay Alert Or Attentive To What Was Happening
Failed To Use Required Safety Equipment/Device/Guard/Sign
Abrupt Control/Steering Response (Except While Turning)
Failed To Take Appro Precautions For Adverse Enviro Conditions
Improper Braking
Misjudged Clearance (Improperly Estimated/Evaluated)
Improper Use Of Equipment
Failed To Ensure Adequate Clearance/Space For Operation
Improper Turning

Safety's most important job:

Safety Awareness & Accident Prevention

Awareness Materials
Media and Tools



POV & MOTORCYCLE SAFETY

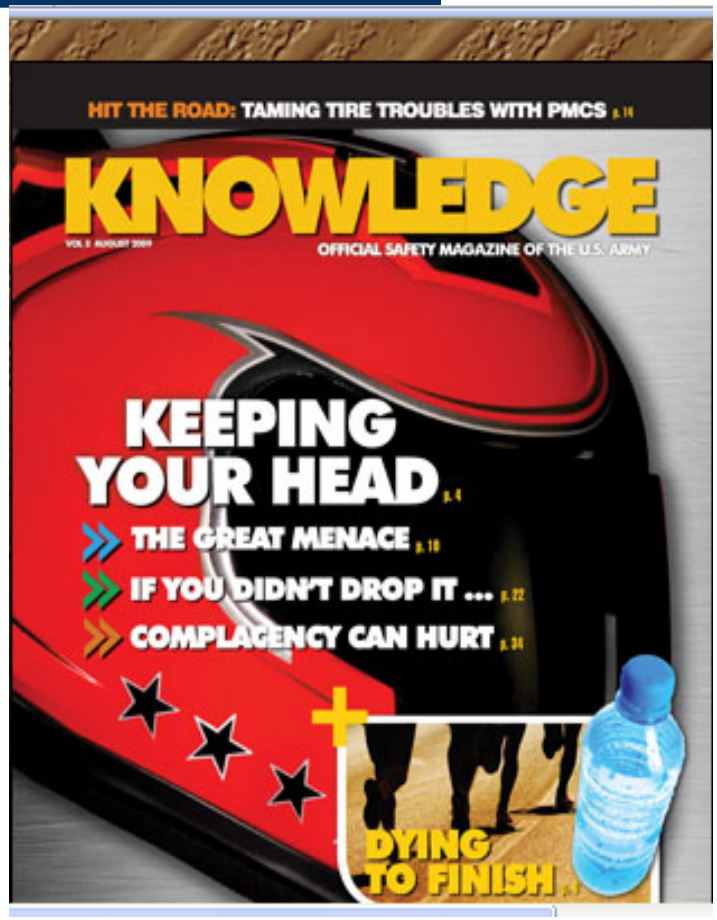
The Driving Task Force conducts trend analysis, disseminates information, and develops tools and programs focused on privately owned vehicles, motorcycles, and recreational vehicle accidents, the leading cause of accidental deaths for Soldiers.

- **Personally Owned Vehicles (POV)** -
  - Brochures -
    Find brochures that are specifically for your POV.
  - Posters -
    Find posters that are specifically for your POV.
  - Videos -
    Find videos that are specifically for your POV.

TOOLS

This section contains access to the POV Toolbox, TRiPS, Pre-Trip Checklist, and Six Point Program.

- Veteran's Safe Driving Initiative
- Travel Risk Planning System - TRiPS
- POV Toolbox
- Driving / POV Pre-Trip Checklist & Inspection
- Driver's Training Toolbox
- Six Point Program


HIT THE ROAD: TAMING TIRE TROUBLES WITH PMCS
KNOWLEDGE
OFFICIAL SAFETY MAGAZINE OF THE U.S. ARMY
KEEPING YOUR HEAD
THE GREAT MENACE
IF YOU DIDN'T DROP IT ...
COMPLACENCY CAN HURT
DYING TO FINISH

Awareness Programs

HOME
DOCUMENTS
SAFETY TIPS
EVENTS
BEST PRACTICES
FORUM
CONTACT US
SPONSORS
ASSOCIATIONS
REGULATIONS
SUCCESS STORIES
TRAINING
PLR 08156 - POM
ACCIDENT CLAIMS
ONE SOLDIERS LIFE
Welcome to the Army Motorcycle Mentorship Program website. Use this site as a resource for finding a local riding association, and learning to be a safer rider.
The purpose of the Motorcycle Mentorship Program is to establish voluntary installation-level motorcycle clubs where less experienced riders and seasoned riders can create a supportive environment of responsible motorcycle riding and enjoyment. Such an environment can create positive conduct and behavior and serve as a force multiplier that supports a commanders

Root Cause and Countermeasures

Human Error

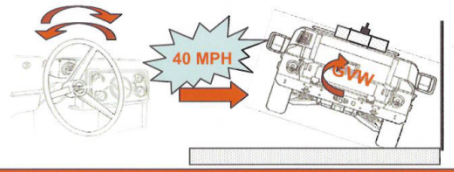
SMART CARD/GTA

WARNING: At Gross Vehicle Weight (GVW) rapid steering action at speeds as low as 40 MPH increases your likelihood of a Roll-over (GVW is an Unloaded M1114/M1151A1/M1152A1/M1165A1 plus 4 crew with basic gear where applicable). Road conditions such as sand, debris, gravel or rain will further reduce stability.

CONTRIBUTING FACTORS TO ROLL-OVER
*** Cargo placed high in vehicle *** Drivers Inexperience/Lack of Training ***
*** Overloading *** Road Conditions ***

ACTIONS TO REDUCE POTENTIAL ROLL-OVER
*** Conduct Driver's Training *** Stay Within Recommended Payloads ***
*** Place and Secure Cargo as low as possible in the vehicle ***
*** Reduce Speed when Anticipating a Rapid Maneuver ***
*** Maintain Tire Pressures of 40 psi front / 50 psi rear ***
*** Maintain Tire Pressures of 50 psi front / 50 psi rear with Frag Kit 5 Applied ***
*** Check Tire Pressures when Tires are Cold (have not been driven on for at least 3 hours) ***

** GVW is an Unloaded M1114/M1151A1/M1152A1/M1165A1 plus 4 crew (where applicable) with basic gear = 12,100 .lbs., Addition of Frag Kit 5 exceeds GVW by at least 1000 lbs.**



Stopping Distance at 60 MPH

GVW	13 Vehicle Lengths
GVW+2000 lbs.	15 Vehicle Lengths

WARNING: At 60 MPH on smooth dry pavement an overloaded M1114/M1151A1/M1152A1/M1165A1 has a braking distance of 15 vehicle lengths, compared to 13 vehicle lengths at GVW. Increased overload and/or road conditions such as sand, debris, gravel or rain will further increase stopping distances significantly.

CAUTION: Commanders must assess risk when vehicles are overloaded, or cargo is placed high in the vehicle, or traveling at speeds in excess of 40 mph. Rated GVW is 12,100 pounds.

Materiel Malfunction

Safety Bulletin

MRAP Gunners Hatch Safety
OIF SB-028

Recently an MND-B Soldier was injured while performing duties as a gunner in an International model MRAP when the latching hardware securing the gunners hatch failed.

A snap ring on the pin the locking handle latches to came off (Photo B), which caused the pin to fall out. A spring then popped off the latch handle and due to vehicle momentum on a decline, the armored hatch slid forward and struck the Soldier in the legs. He suffered painful crushing injuries to both legs that resulted in two days lost time (quarters) and seven days of restricted duty.

A Product Quality Deficiency Report has been filed and the TACOM Logistics Area Representative has been informed of the problem. Until a fix is fielded, all MRAP crews should incorporate the following checks into "before" and "after" vehicle Preventive Maintenance Checks & Services to help prevent another gunner's hatch accident of this type.

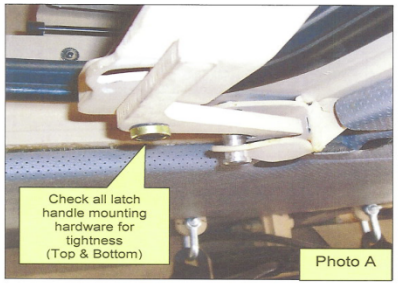


Photo A

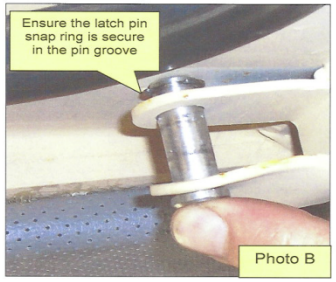


Photo B

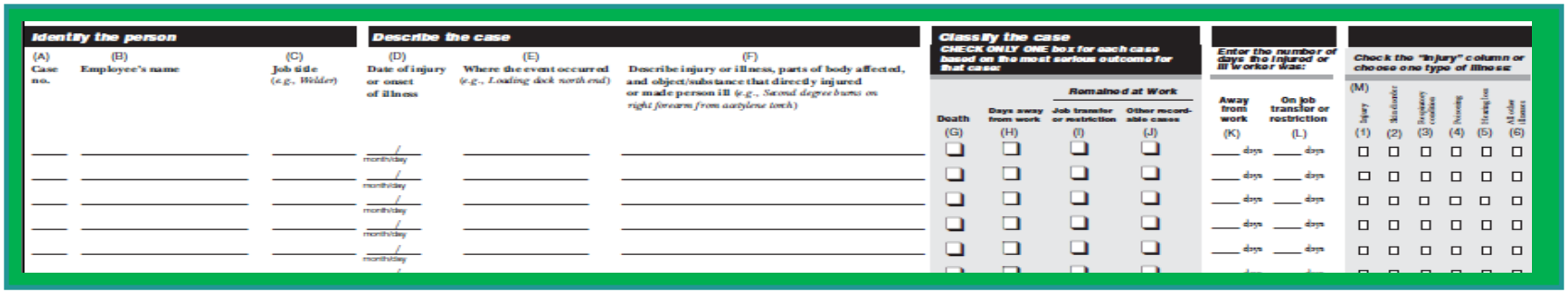
Safety's Most Important Job

- Accident Prevention
  - Determine Root Causes
  - Learn from the mistake
  - Develop Countermeasures
  - Data collection to determine Trends
  - Training
  - Education
  - Tools
  - Alerts

Occupational Safety and Health Act (OSHA)

Military and Civilian Injuries

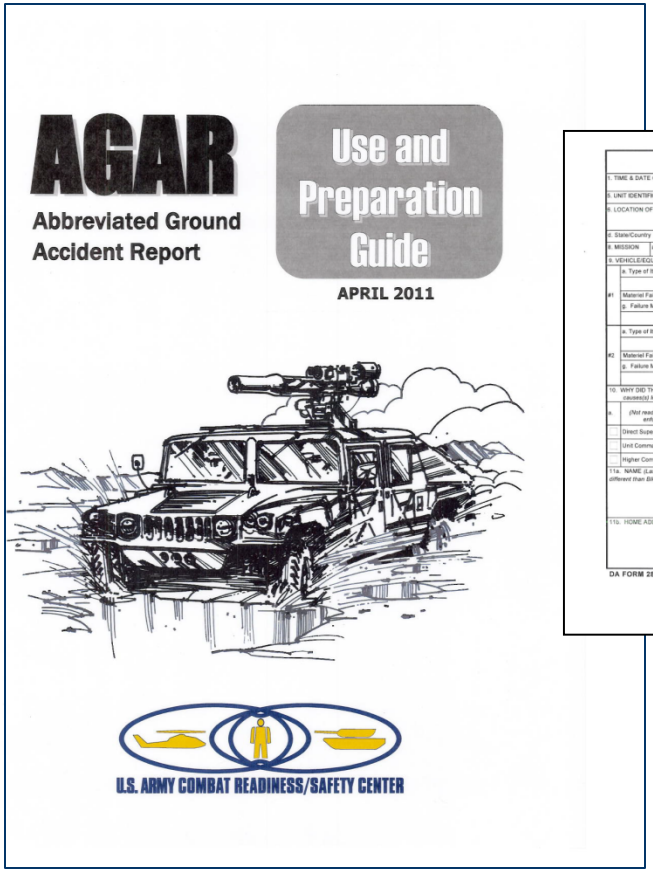
OSHA Log 300

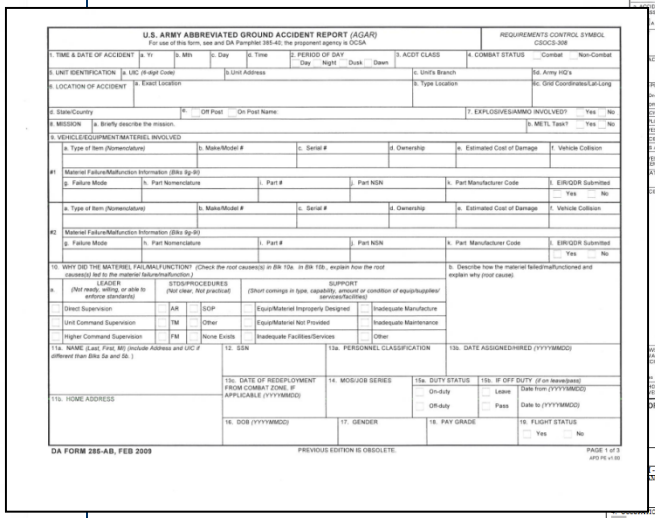


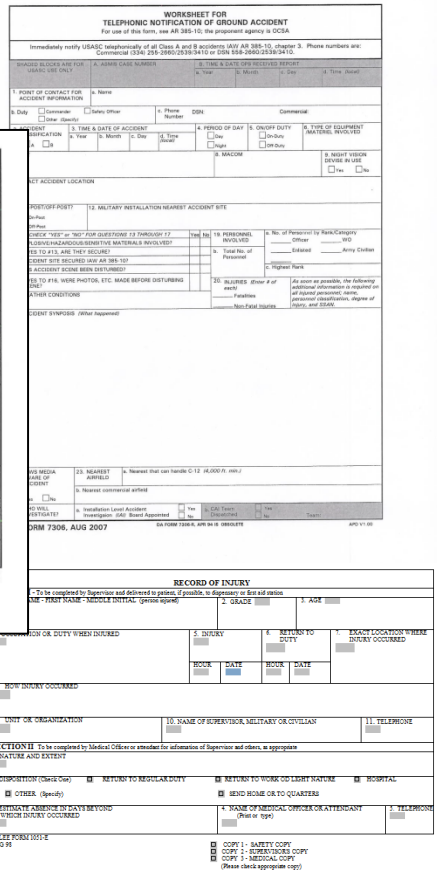
Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:						(M)					
						Death (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐

- Employee Name
- Job Title
- Location where incident took place.
- Date of Injury or Onset or Illness
- Describe injury/illness, body part ,cause, and treatment
- Death
- # of Days Away From Work beyond the day of injury.
- # of Days Job Transfer or Restriction/profile beyond the day of injury.
- Other Recordable Cases (medical treatment beyond 1st aid)

Accident Prevention Starts with You







Did incident happen on-duty or off-duty?

- On-Duty
  - Physically present at any location where work is performed
  - Activities incident to normal work activities such as lunch or rest breaks.
  - Transported for purpose of performing assigned work
  - Reimbursable travel in POV for TDY
  - Compulsory physical training or sports
- Off-Duty
  - Home or on leave
  - Traveling before and after official duties (to/from official duty or TDY station)
  - Voluntary installation team sports
  - TDY at no cost to government
  - Lunch or rest break engaged in activities unrelated to eating or resting

All injuries are reported to the Safety Office, but CRC is only notified if the injury is recordable.

- Report all injuries to Safety Office within 14 calendar days.
- Recordable Military and Civilian on-duty injury or illness
  - Death or Permanent Disability
  - Days away from work (a trainee is not training)
  - Restricted work, profiles, or transfer to another job
  - Loss of consciousness for any length of time
  - Significant injury or illness diagnosed by a licensed health care professional.
  - Aggravation of injuries or illness sustained prior to military service by current tenure of service.
  - Medical treatment beyond first aid
- Recordable Military off-duty injury or illness that affects duty status.
  - Death or Permanent Disability
  - Days away from work (a trainee is not training)
  - Restricted work, profile, or transfer to another job
  - Medical treatment beyond first aid

Medical treatment beyond first aid?

First Aid

Minor Treatment Anyone Can Provide

- Non- Prescription Medication
- Cleaning of surface wounds
- Bandages
- Hot or cold therapy
- Elastic bandages
- Drinking fluids for heat stress
- Diagnostics (x-rays, blood work)
- Hospitalization for observation

Medical Treatment

Only Medical Professionals Can Provide

- Prescription Medication
- Debrisment
- Sutures, surgical glue
- Physical Therapy
- Splints or casts
- Intravenous fluids
- Oxygen
- Hospitalization for treatment

Accident Classification

- Class A
  - Cost of damages is $2M or more
  - Injury/illness results in a fatality or permanent total disability
- Class B
  - Cost of damages is >$500K but <$2M
  - Injury/illness results in permanent partial disability
  - 3 or more personnel are inpatient hospitalized due to same incident

Worksheet for Telephonic Notification Of Ground Accident DA Form 7306

WORKSHEET FOR
TELEPHONIC NOTIFICATION OF GROUND ACCIDENT
For use of this form, see AR 385-10; the proponent agency is OCSA

Immediately notify USASC telephonically of all Class A and B accidents IAW AR 385-10, chapter 3. Phone numbers are: Commercial (334) 255-2660/2539/3410 or DSN 558-2660/2539/3410.

SHADED BLOCKS ARE FOR USASC USE ONLY	A. ASMIS CASE NUMBER	B. TIME & DATE OPS RECEIVED REPORT			
		a. Year	b. Month	c. Day	d. Time *(local)*

1. POINT OF CONTACT FOR ACCIDENT INFORMATION	a. Name		
b. Duty ☐ Commander ☐ Safety Officer ☐ Other *(Specify)*	c. Phone Number	DSN:	Commercial:

2. ACCIDENT CLASSIFICATION ☐ A ☐ B	3. TIME & DATE OF ACCIDENT a. Year	b. Month	c. Day	d. Time *(local)*	4. PERIOD OF DAY ☐ Day ☐ Night	5. ON/OFF DUTY ☐ On-Duty ☐ Off-Duty	6. TYPE OF EQUIPMENT /MATERIEL INVOLVED

7. UNIT	8. MACOM	9. NIGHT VISION DEVISE IN USE ☐ Yes ☐ No
10. EXACT ACCIDENT LOCATION		
11. ON-POST/OFF-POST? ☐ On-Post ☐ Off-Post	12. MILITARY INSTALLATION NEAREST ACCIDENT SITE	

CHECK "YES" or "NO" FOR QUESTIONS 13 THROUGH 17	Yes	No
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?		
14. IF YES TO #13, ARE THEY SECURE?		
15. ACCIDENT SITE SECURED IAW AR 385-10?		
16. HAS ACCIDENT SCENE BEEN DISTURBED?		
17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?		

19. PERSONNEL INVOLVED
a. No. of Personnel by Rank/Category
_____ Officer _____ WO
_____ Enlisted _____ Army Civilian
_____
b. Total No. of Personnel
c. Highest Rank

18. WEATHER CONDITIONS

20. INJURIES *(Enter # of each)*
_____ Fatalities
_____ Non-Fatal Injuries

As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.

21. ACCIDENT SYNPOSIS *(What happened)*

AGAR

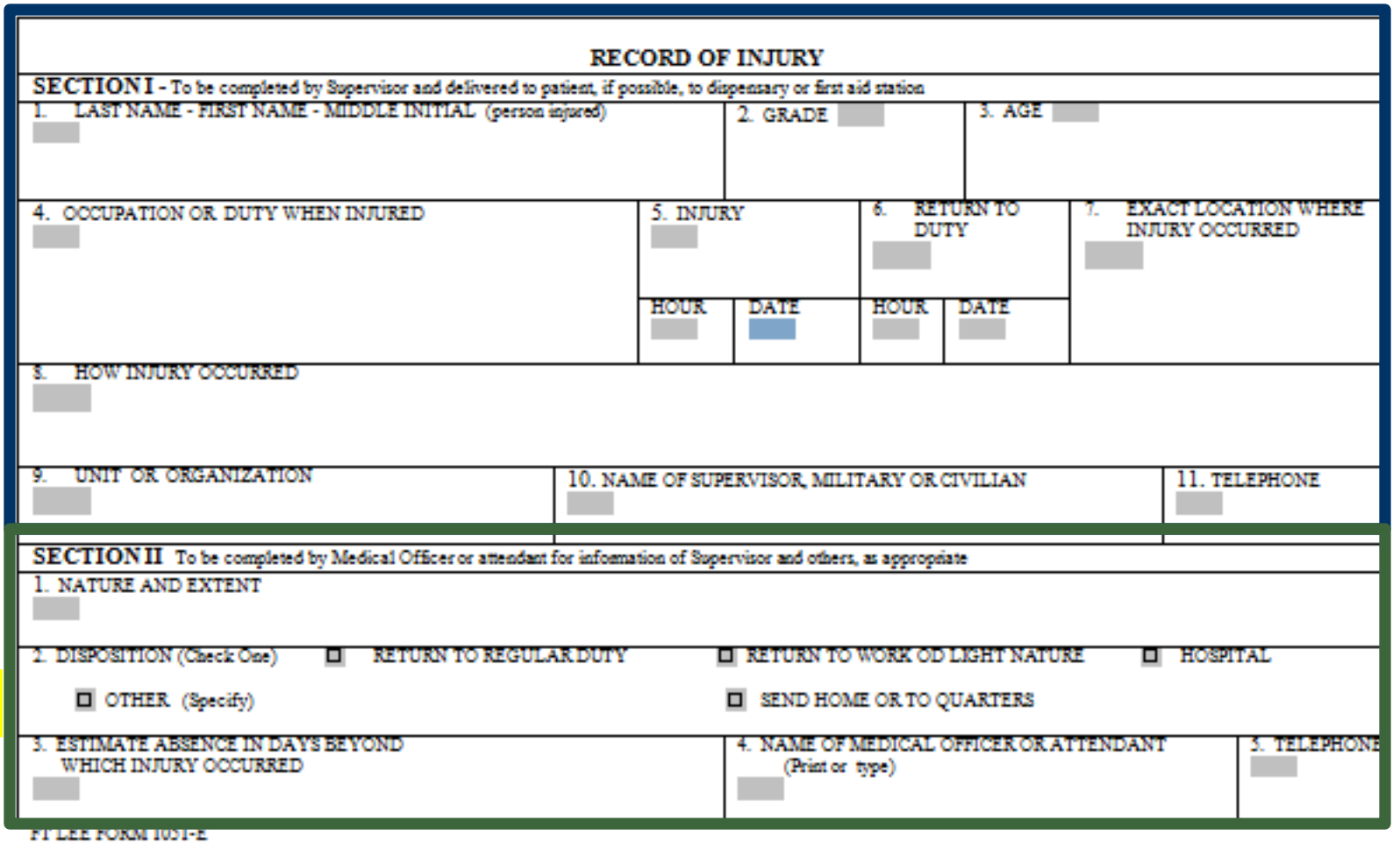
Accident Classification

- **Class C**
  - Cost of damages is >$50K but <$500K
  - Non-fatal injury/illness results in time from work or training beyond day of incident
- **Class D**
  - Cost of damages is >$2K but <$50K
  - Injury/illness results in:
    - restricted work or training activity (profile)
    - Transfer to another job
    - Loss of consciousness for any length of time
    - Administration of O_2, IVs, prescription medication, or physical therapy
    - Potential contamination by another person's blood or potentially infections materials
    - Medical treatment beyond first aid

Record of Injury
Fort Lee Form 1051

Supervisor

Physician



RECORD OF INJURY

SECTION I - To be completed by Supervisor and delivered to patient, if possible, to dispensary or first aid station

1. LAST NAME - FIRST NAME - MIDDLE INITIAL (person injured)
2. GRADE
3. AGE
4. OCCUPATION OR DUTY WHEN INJURED
5. INJURY — HOUR — DATE
6. RETURN TO DUTY — HOUR — DATE
7. EXACT LOCATION WHERE INJURY OCCURRED
8. HOW INJURY OCCURRED
9. UNIT OR ORGANIZATION
10. NAME OF SUPERVISOR, MILITARY OR CIVILIAN
11. TELEPHONE

SECTION II To be completed by Medical Officer or attendant for information of Supervisor and others, as appropriate

1. NATURE AND EXTENT
2. DISPOSITION (Check One) ☐ RETURN TO REGULAR DUTY ☐ RETURN TO WORK OD LIGHT NATURE ☐ HOSPITAL ☐ OTHER (Specify) ☐ SEND HOME OR TO QUARTERS
3. ESTIMATE ABSENCE IN DAYS BEYOND WHICH INJURY OCCURRED
4. NAME OF MEDICAL OFFICER OR ATTENDANT (Print or type)
5. TELEPHONE

FT LEE FORM 1051-E
AUG 98

☐ COPY 1 - SAFETY COPY
☐ COPY 2 - SUPERVISORS COPY
☐ COPY 3 - MEDICAL COPY
(Please check appropriate copy)

Reporting First Aid Injuries

AGAR

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*

For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-305

1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY	3. ACDT CLASS	4. COMBAT STATUS
1					☐ Day ☐ Night ☐ Dusk ☐ Dawn		☐ Combat ☐ Non-Combat

5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)*	b.Unit Address	c. Unit's Branch	5d. Army HQ's
		5b		

6. LOCATION OF ACCIDENT	a. Exact Location	b. Type Location	6c. Grid Coordinates/Lat-Long
	6a		

d. State/Country	e. ☐ Off Post ☐ On Post Name:	7. EXPLOSIVES/AMMO INVOLVED? ☐ Yes ☐ No

8. MISSION	a. Briefly describe the mission.	b. METL Task? ☐ Yes ☐ No

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#1	9					
#2						

Materiel Failure/Malfunction Information *(Blks 9g-9l)*

	g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
#1						☐ Yes ☐ No
#2						☐ Yes ☐ No

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? *(Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*	STDS/PROCEDURES *(Not clear, Not practical)*				SUPPORT *(Short comings in type, capability, amount or condition of equip/supplies/services/facilities)*			
☐	Direct Supervision	☐	AR	☐	SOP	☐	Equip/Materiel Improperly Designed	☐	Inadequate Manufacture
☐	Unit Command Supervision	☐	TM	☐	Other	☐	Equip/Materiel Not Provided	☐	Inadequate Maintenance
☐	Higher Command Supervision	☐	FM	☐	None Exists	☐	Inadequate Facilities/Services	☐	Other

b. Describe how the materiel failed/malfunctioned and explain why *(root cause)*.

10b

11a. NAME *(Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b.)*	12. SSN	13a. PERSONNEL CLASSIFICATION	13b. DATE ASSIGNED/HIRED *(YYYYMMDD)*
11a		13a	

11b. HOME ADDRESS	13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE *(YYYYMMDD)*	14. MOS/JOB SERIES	15a. DUTY STATUS	15b. IF OFF DUTY *(If on leave/pass)*
		14	☐ On-duty ☐ Off-duty 15a	☐ Leave ☐ Pass Date from *(YYYYMMDD)* Date to *(YYYYMMDD)*

16. DOB *(YYYYMMDD)*	17. GENDER	18. PAY GRADE	19. FLIGHT STATUS
	17	18	☐ Yes ☐ No

20. MOST SEVERE INJURY (See Instructions)	a. Degree	Date of Death (YYYYMMDD)	b. Type	c. Body Part	d. Cause
21. LOST TIME	ACTIVITY	20			

a. Days Hospitalized

b. Days lost not Hospitalized

c. Days Restricted

d. Treated in ER ☐ Yes

21

23. ACTIVITY CODE (If activity is parachuting, complete Blk 36)

24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

24

22a. OSHA Log 300 Case No.

b. Name of Physician

c. Name and Address of Treatment Facility

25. PERSONAL PROTECTIVE EQUIPMENT	AVAILABLE?		USED?		N/A
25	Yes	No	Yes	No	
a. Seat Belt	☐	☐	☐	☐	☐
b. Restraint System	☐	☐	☐	☐	☐
c. Goggles/glasses/visor	☐	☐	☐	☐	☐
d. Gloves	☐	☐	☐	☐	☐
e. Ear Plugs	☐	☐	☐	☐	☐
f. IBA	☐	☐	☐	☐	☐
g. Other (Specify)	☐	☐	☐	☐	☐
h. Helmet	☐	☐	☐	☐	☐
DOT Approved (If Motorcycle) ? Yes ☐ No ☐					

26. ALCOHOL/DRUGS CAUSE/CONT

26 ☐ Yes BAC % ☐ No ☐ Unknown

27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter Item No. from Blk 9)

28a. LICENSED TO OPERATE EQUIPMENT ☐ Yes ☐ No ☐ N/A

28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING ☐ Yes ☐ No If Yes, Date:

28c. MSF CERTIFIED ☐ Yes ☐ No If Yes, Date:

29. DUTY HOURS
a. Time work began (e.g., 0645):
b. Continuous hours:

30. HRS SLEEP LAST 24

31. TACTICAL TRAINING ☐ Yes ☐ No

32. TYPE TRAINING FACILITY

33. LAST TRAINING

34. FIELD EXERCISE/NAMED OPERATION ☐ Yes ☐ No If Yes, provide name:

35. NIGHT VISION SYSTEM USED ☐ Yes ☐ No If Yes, provide type:

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.

a. Mistake ☐ Yes ☐ No

b. Code

c. Tell what the mistake was and how it caused/contributed to the accident or serverity of injury/damage.

36c

37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)

a.	LEADER (Not ready, willing, or able to enforce standards)	TRAINING (Insufficient in Content/Amount		STDS/PROCEDURES (Not clear/Not practical)				SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)				INDIVIDUAL (Mistake due to own personal factors)			
☐	Direct Supervision	☐	School	☐	AR	☐	SOP	☐	Equip/Materiel Improperly Designed	☐	Inadequate Manufacture	☐	Poor/Bad Attitude	☐	Fatigue
☐	Unit Command Supervision	☐	Unit	☐	TM	☐	Other	☐	Equip/Materiel Not Provided	☐	Inadequate Maintenance	☐	Overconfident	☐	Alcohol, Drugs
☐	Higher Command Supervision	☐	Experience, OJT	☐	FM	☐	None exists	☐	Inadequate Facilities/Services	☐	Other	☐	In a Hurry	☐	Fear/Excitement

37b. Describe root cause(s) *(reason)* and tell how it/they caused the mistake.

37b

38. PARACHUTE INFORMATION FOR PERSON LISTED IN Blk 11.

a. Jumper Height	g. Wind Direction/Speed at Jump Height / Drop Zone	m. Type of Last Jump	39. ENVIRONMENTAL CONDITIONS a. Present: #1 ☐ Yes ☐ No ☐ Unk; #2 ☐ Yes ☐ No ☐ Unk; #3 ☐ Yes ☐ No ☐ Unk
b. Jumper Weight		n. Number of Previous Jumps	
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training *(YYYYMMDD)*	
d. Parachute Type/Model	i. Position in Stick		
e. Equipment	j. Door Exited	p. Type Aircraft	b. Caused/Contributed: #1 ☐ Yes ☐ No ☐ Unk; #2 ☐ Yes ☐ No ☐ Unk; #3 ☐ Yes ☐ No ☐ Unk
	k. Time Pre-jump Conducted	q. Accident Factors (parachute): *(Explain as necessary)*	
f. Wt. of Equipment	l. Date of Last Jump		

40. PROVIDE BRIEF SYNOPSIS OF ACDT *(Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)*

40

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

41

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#				
b. Quantity				
c. Net Explosive Weight *(NEW)*				
d. DoDIC/DoDAC				

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name *(Last, First, MI)*, Rank Position/Title

43

b. Telephone No. DSN:

COM:

c. Email Address:

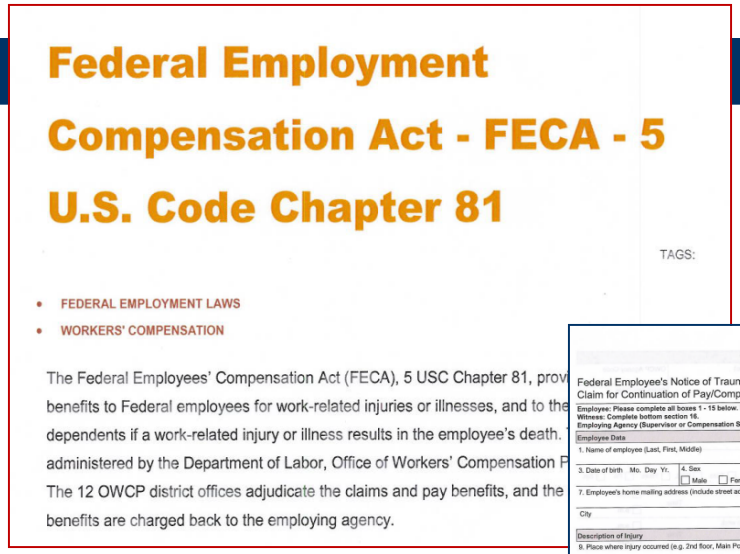
44. COMMAND REVIEW	a. Name 44	b. Signature	c. Rank	d. Date *(YYYYMMDD)*
45. SAFTETY OFFICE REVIEW	a. Name, Rank & Title			b. Phone Number
c. Email Address	d. Date Reviewed *(YYYYMMDD)*		e. Local Report No. *(Safety Office use only)*	

Report ALL Injuries and Damaged Equipment

- **Report Class A and B accidents immediately to Safety Office or IOC using Worksheet for Telephonic Notification Of Ground Accident, DA Form 7306**
- **Report Class C and D accidents to Safety Office within 14 calendar days** using **DA Form 285-AB (AGAR)** – Pure Edge
- **Report First Aid injuries to the Safety Office within 14 calendar days using the Fort Lee Form 1051, Report of Injury.**
- Report all **equipment damage** that is or exceeds **$2K**.
- **Report all On-Duty Military/Civilian accidents**
- **Report all Off-Duty Military accidents which affect duty status:**
  - **Death or Disability**
  - **Lost Time or Restricted Duty (Profile)**
- **Report Medical treatment beyond First Aid**
- **Report potential contamination by blood or potentially infections materials**
- **Report Loss of consciousness for any length of time**

Federal Employees Compensation Act (FECA)

Workers' Compensation



Federal Employment

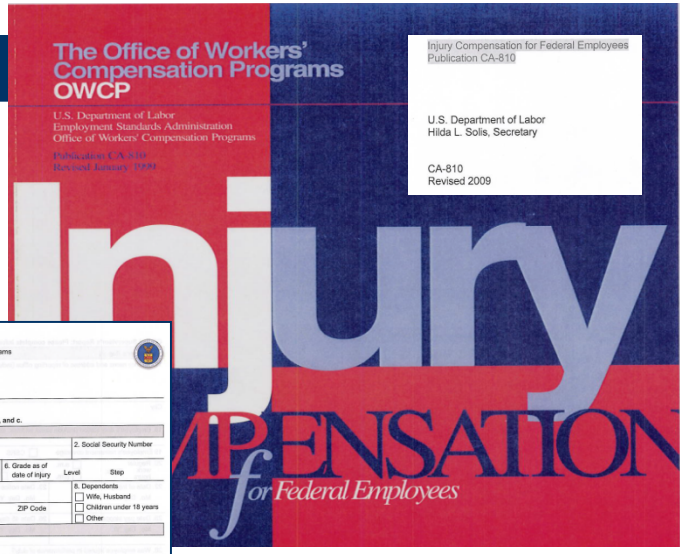
Compensation Act - FECA - 5

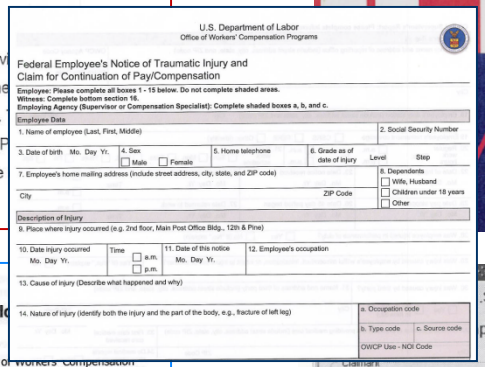
U.S. Code Chapter 81

TAGS:

- FEDERAL EMPLOYMENT LAWS
- WORKERS' COMPENSATION

The Federal Employees' Compensation Act (FECA), 5 USC Chapter 81, prov
benefits to Federal employees for work-related injuries or illnesses, and to the
dependents if a work-related injury or illness results in the employee's death.
administered by the Department of Labor, Office of Workers' Compensation P
The 12 OWCP district offices adjudicate the claims and pay benefits, and the
benefits are charged back to the employing agency.




U.S. Department of Labor
Office of Workers' Compensation Programs

Federal Employee's Notice of Traumatic Injury and
Claim for Continuation of Pay/Compensation

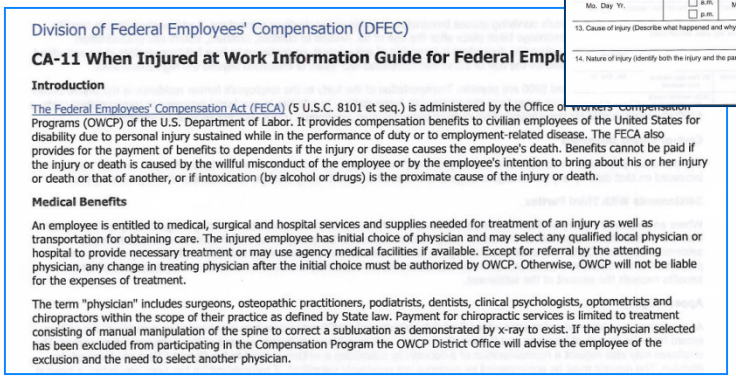
Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) | 2. Social Security Number
3. Date of birth Mo. Day Yr. | 4. Sex ☐ Male ☐ Female | 5. Home telephone | 6. Grade as of date of injury | Level | Step
7. Employee's home mailing address (include street address, city, state, and ZIP code) | 8. Dependents ☐ Wife, Husband ☐ Children under 18 years ☐ Other
City | ZIP Code

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)
10. Date injury occurred Mo. Day Yr. | Time ☐ a.m. ☐ p.m. | 11. Date of this notice Mo. Day Yr. | 12. Employee's occupation
13. Cause of injury (Describe what happened and why)
14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg) | a. Occupation code | b. Type code | c. Source code | OWCP Use - NOI Code


Division of Federal Employees' Compensation (DFEC)

CA-11 When Injured at Work Information Guide for Federal Emplo

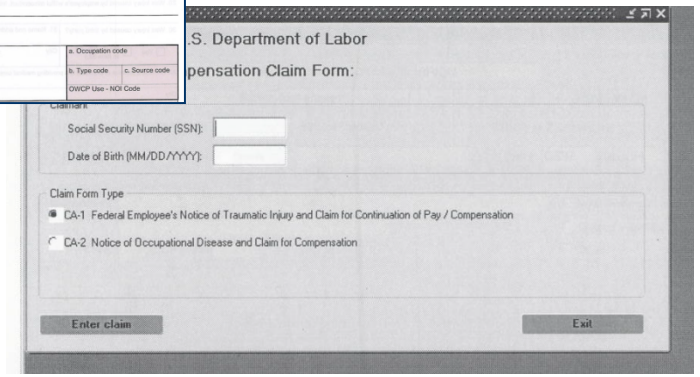
Introduction

The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

Medical Benefits

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency medical facilities if available. Except for referral by the attending physician, any change in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

The term "physician" includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by State law. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. If the physician selected has been excluded from participating in the Compensation Program the OWCP District Office will advise the employee of the exclusion and the need to select another physician.


.S. Department of Labor
pensation Claim Form:
Social Security Number (SSN):
Date of Birth (MM/DD/YYYY):
Claim Form Type
CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation
CA-2 Notice of Occupational Disease and Claim for Compensation
Enter claim
Exit

Federal Employees Compensation Act

- **FEDERAL EMPLOYEES COMPENSATION ACT (FECA): Federal law enacted by Congress under Title 5, United States Code, Section 8101 et seq.**
- **Penalties for obstruction or fraud: ≤ 10yrs in jail and/or ≤$10,000 fine**
- **SCOPE: Employees are entitled to benefits for job-related injuries and illnesses.**
  - **medical benefits (including transportation),**
  - **continuation of pay (COP),**
  - **compensation of lost wages,**
  - **scheduled awards for loss of body part or function of body part,**
  - **re-employment rights,**
  - **vocational rehabilitation**
  - **death benefits allowing funeral benefits and survivor compensation.**
- **3 years from DOI to file a claim, so document on FL 1051.**

Continuation of Pay COP

- **COP Entitlement**
  - **CA-1: injury happened on 1duty shift (entitled to COP)**
  - **CA-2: injury happened on 2 or more duty shifts (no COP)**

- COP availability (45 day entitlement) if CA-1 filed w/in 30 days of DOI
  - Doctors note unable for full or light duty
  - Allowed up to 4 hrs COP per appointment
  - Any part of a day taken is considered a full day's entitlement

- Timecard
  - Code day of injury as LU
  - Code number of hours COP as LT with injury number (MMDD)

Electronic Data Entry (EDI)

Requires specific formatting

- **SSN format: no hyphens or spaces**
- **White field = required field**
  Yellow field = optional
  Gray field = read-only
- **Phone number format: no hyphens, no brackets, no spaces**
- **Date format: MM/DD/YYYY (4-digit year). System often auto-fills with current date.**
- **Date with Time: put a space between date and time, and between time and am/pm.**
- **Do not use military time.**
- **System auto-selects YES/NO answers.**
- **Narrative fields only accept 3-4 lines of text. Some fields also limit the number of characters.**

FECA Resources

- **Call Fort Riley, KS, Army Benefits Center, Civilian Injury Compensation Branch (ABC-C-IBC), for information and assistance. 1-866-792-7620**
- **Office of Workers' Compensation Program's EDI web-based system and tutorials at www.abc.army.mil**
- **CA-810 Supervisor Guide http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pd**
- **CA-11 Employee Rights Poster http://www.dol.gov/owcp/dfec/regs/compliance/ca-11.htm**